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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not yet known
Filing Date	Not yet known
First Named Inventor	Ying Wu
Title	METHOD FOR HYBRIDISATION OF . . .
Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	65959/51

I hereby appoint:

 Practitioners associated with the Customer Number:

1912

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Ying Wu		
Signature	<i>Ying Wu</i>		
Date	<i>June 16, 2005</i>	Telephone	073 615 8092

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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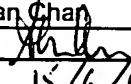
OR

<input type="checkbox"/>	Firm or Individual Name				
<input type="checkbox"/>	Address				
<input type="checkbox"/>	Address				
<input type="checkbox"/>	City	State		Zip	
<input type="checkbox"/>	Country				
<input type="checkbox"/>	Telephone	Fax			

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SIGNATURE of Applicant or Assignee of Record

Name	Alan Chan	
Signature		
Date	15/6/05	Telephone +44 1895 624796

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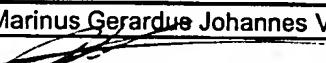
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SIGNATURE of Applicant or Assignee of Record

Name	Marinus Gerardus Johannes Van Beuningen		
Signature			
Date	June 13, 2005	Telephone	703 426 1440#

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